_								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO								<i>1</i>						
Effective October 1, 2003								10/723,790						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS 63								RATE FEE		FFF	7 I	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.00			BASIC FEE			
TOTAL CHARGEABLE CLAIMS			63 minus 20=		* 43			X\$ 9=						
INDEPENDENT CLAIMS			14 minus 3 =		* 11						OR	X\$18=	774	
-		NDENT CLAIM P						X43=			OR	X86=	946	
* If the difference in column 1 is less than zero enter "O" in selver 2								+145=			OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAI	L		OR	TOTAL	2,490	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						(Column 2)		SMALL ENTITY			OR	OTHER THAN SMALL ENTITY		
		(Column 1) CLAIMS		HIGH	EST	(Column 3)	ſ	OIIIAL		ADDI-	1	0, 122	ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIC PAID I	USLY	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=		
	Independent	*	Minus	***		=		X43=	T		OR	X86=		
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\		+	·-		000		
Į.	111,16,21,24,30, 35,38,43,48,53,56,							+145=			OR	+290=		
								TOTA ADDIT. FE	_		OR	TOTAL ADDIT. FEE		
_	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST										- 3			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	BER OUSLY :	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	,	=		X\$ 9=			OR	X\$18=		
	Independent	*	Minus	***		=	-	X43=			OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 4 45	_			.000		
								+145=			OR	+290= TOTAL		
	•								ĒL		OR	ADDIT. FEE		
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST													
AMENDMENT C		REMAINING AFTER AMENDMENT	·	NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=		
	Independent	*	Minus	***		=		X43= 1	+			X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+		OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE			
		ber Previously Paid					r four	nd in the a	appro	priate box	in col	umn 1.		